

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17563

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONROE	
b. CITY OR TOWN RURAL-JACKSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON 6690	
c. LENGTH OF STAY (In this place) 86 YRS.		d. STREET ADDRESS (If rural, give location) 2 MI S. OF PARIS 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 MI FROM S. CITY LIMITS-PARIS			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) MILIS	c. (Last) HERNDON	4. DATE OF DEATH (Month) (Day) (Year) MAY 31 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH MAR. 6 - 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2 Days 25	IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (State or foreign country) MO 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W. M. HERNDON	13b. MOTHER'S MAIDEN NAME SARAH YEAKY	14. NAME OF HUSBAND OR WIFE NANCY E. HERNDON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MASON HERNDON PARIS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5/31-50 N.K.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) and sudden while driving car on Highway		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:48 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Russell M. Wilson - Coroner, Monroe City	23b. ADDRESS Monroe City	23c. DATE SIGNED 5/31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-2-1950	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) Paris, Mo.
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DATE REC'D BY LOCAL REG. 6-1-1950	REGISTRAR'S SIGNATURE J. A. Barnes, R.D. 435	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey Paris, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUN 5 1959
District Health Officer No. 10
District File Number 6-50-956
Date Filed JUN 6 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. H. [Signature]

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.